



TOWN OF MILLVILLE
36404 Club House Road
Millville DE 19967
(T) 302-539-0449 (F) 302-539-0879

APPLICATION FOR RENTAL LICENSE

Residential _____ Business _____ (Check One)

ONE RENTAL UNIT per Application / Please Print All Information

****COMPLETE & RETURN EVEN IF YOU DO NOT PLAN TO OFFER YOUR PROPERTY FOR RENTAL THIS YEAR****

PROPERTY OWNER'S NAME: _____

MAILING ADDRESS: _____

PHONE: RESIDENCE: (____) _____ EMERGENCY: (____) _____

CELL: (____) _____ EMAIL: _____

PROPERTY LOCATION:

House/Unit #: _____ Street: _____

I/We (select one) **will** ☐ **will not** ☐ be offering this property for rent this year.

- Have you, as current owners, previously offered the above property for rent? _____ Yes _____ No

- Have you filed the required gross receipts tax forms for the prior year? _____ Yes _____ No

****Owners with unpaid property taxes or gross receipts tax WILL NOT BE ISSUED a license until your account is current****

RENTING WITHOUT THE REQUIRED RENTAL LICENSE IS A VIOLATION OF THE TOWN CODE AND SUBJECT TO PENALTY

Instructions:

1. Complete application.
2. Owner, partner, or officer must sign the application.
3. All annual licenses are effective May 1 thru April 30
4. FEE: Rental License per Year \$50.00
5. Make checks payable to TOWN OF MILLVILLE
6. Submit completed License Application with payment to:
7. Renewals are sent each year to the mailing address provided by the applicant.

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I/WE SWEAR OR AFFIRM UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED ON THIS RENTAL LICENSE APPLICATION IS TRUE AND CORRECT.

Dated: _____ Owner Signature: _____

****License will be sent to the mailing address above within 15 days upon receipt of application and payment****

A Late Fee of \$25.00 per application if payments are received after the due date printed on the License Renewal Invoice.

(This Section to be completed by Town Official)

Received by: _____ Date: _____

Remittance Check Amount: _____ Check No. _____

County Property Map and Parcel No. 1 34- _____ - _____

Dated: _____ Approved by: _____